

**FINANCIAL AFFIDAVIT**

JD-FM-6 Rev. 3-2000  
P.B. 25-30

STATE OF CONNECTICUT  
**SUPERIOR COURT**

COURT USE ONLY  
**FINAFF**



DOCKET NO.

FOR THE JUDICIAL DISTRICT OF

AT (Address of court)

NAME OF AFFIANT (Person submitting this form)

NAME OF CASE

PLAINTIFF  DEFENDANT

OCCUPATION

NAME OF EMPLOYER

ADDRESS OF EMPLOYER

**A. WEEKLY INCOME FROM PRINCIPAL EMPLOYMENT** (Use weekly average not less than 13 weeks)

1.	DEDUCTIONS	AMOUNT/WEEK \$	4.	DEDUCTIONS (Cont.)	AMOUNT/WEEK \$	GROSS WKLY WAGE FROM PRINCIPAL EMPLOYMENT → \$	
2.		\$	5.		\$		TOTAL DEDUCTIONS → \$
3.		\$	6.		\$		NET WEEKLY WAGE → \$

**B. ALL OTHER INCOME** (Include in-kind compensation, gratuities, rents, interest, dividends, pension, etc.)

<b>1. WEEKLY INCOME</b>	1.	SOURCE OF INCOME	GROSS AMT/WK \$	2.	SOURCE OF INCOME	GROSS AMT/WK \$	GROSS WEEKLY INCOME FROM OTHER SOURCES → \$	
		DEDUCTIONS	AMOUNT/WEEK \$		DEDUCTIONS	AMOUNT/WEEK \$		TOTAL DEDUCTIONS → \$
			\$			\$		NET WEEKLY INCOME FROM OTHER SOURCES → \$
			\$			\$		
			\$			\$		
			\$			\$		
			\$			\$		
			\$			\$		
ADD "NET WEEKLY WAGE" FROM SECTION A, AND "NET WEEKLY INCOME" FROM SECTION B, AND ENTER TOTAL BELOW:							<b>A. TOTAL NET WEEKLY INCOME</b> → \$	

<b>2. WEEKLY EXPENSES</b>	1.	RENT OR MORTGAGE	\$	6. TRANSPORTATION	Gas/Oil	\$	11. DAY CARE	\$	
	2.	REAL ESTATE TAXES	\$		Repairs	\$	12. OTHER (specify below)		\$
	3. UTILITIES	Fuel	\$		Auto Loan	\$			\$
		Electricity	\$	Public Trans.	\$			\$	
		Gas	\$	Medical/Dental	\$			\$	
		Water	\$	Automobile	\$			\$	
		Telephone	\$	Home-owners	\$			\$	
	Trash Collection	\$	Life	\$		\$			
	Cable T.V.	\$	8. MEDICAL/DENTAL	\$		\$			
	4. FOOD	\$	9. CHILD SUPPORT (order of court)	\$		\$			
5. CLOTHING	\$	10. ALIMONY (order of court)	\$		\$				
<b>B. TOTAL WEEKLY EXPENSES</b> →							\$		

<b>3. LIABILITIES</b>	CREDITOR (Do not include mortgages or loan balances that will be listed under assets.)	AMOUNT OF DEBT	BALANCE DUE	DATE DEBT INCURRED	WEEKLY PAYMENT
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
	<b>C. TOTAL LIABILITIES (Total Balance Due on Debts)</b> →			\$	<b>D. TOTAL WEEKLY LIABILITY EXPENSE</b> →

(continued)

<b>4. ASSETS</b>	<b>A. Real Estate</b>	Home	ADDRESS			VALUE (Est.) \$	MORTGAGE \$	EQUITY \$
		Other:	ADDRESS			VALUE (Est.) \$	MORTGAGE \$	EQUITY \$
		Other:	ADDRESS			VALUE (Est.) \$	MORTGAGE \$	EQUITY \$
	<b>B. Motor Vehicles</b>	Car 1:	YEAR	MAKE	MODEL	VALUE \$	LOAN BALANCE \$	EQUITY \$
		Car 2:	YEAR	MAKE	MODEL	VALUE \$	LOAN BALANCE \$	EQUITY \$
	<b>C. Other Personal Property</b>	DESCRIBE AND STATE VALUE OF EACH ITEM						<b>TOTAL VALUE</b>
								\$
	<b>D. Bank Accounts</b>	BANK NAME, TYPE OF ACCOUNT, AND AMOUNT						<b>TOTAL BANK ACCOUNTS</b>
								\$
	<b>E. Stocks, Bonds, Mutual Funds</b>	NAME OF COMPANY, NUMBER OF SHARES, AND VALUE						<b>TOTAL VALUE</b>
						\$		
<b>F. Insurance (exclude children)</b>	NAME OF INSURED		COMPANY	FACE AMOUNT	CASH VALUE	AMT. OF LOAN	<b>TOTAL VALUE</b>	
				\$	\$	\$		
				\$	\$	\$		
<b>G. Deferred Compensation Plans</b>	NAME OF PLAN (Individual I.R.A., 401K, Keogh, etc.) AND APPROX. VALUE						<b>TOTAL VALUE (less loans)</b>	
							\$	
<b>H. All Other Assets</b>							<b>TOTAL VALUE</b>	
							\$	
<b>I. Total</b>					<b>E. TOTAL CASH VALUE OF ALL ASSETS →</b>		<b>\$</b>	

<b>5. HEALTH INSURANCE</b>	NAME AND ADDRESS OF HEALTH OR DENTAL INSURANCE CARRIER	
	INSURANCE POLICY NO.	NAME(S) OF PERSON(S) COVERED BY THE POLICY

<b>SUMMARY</b> (Use the amounts shown in boxes A thru E of sections 1-4.)			
<b>TOTAL NET WEEKLY INCOME (A)</b>	\$	<b>TOTAL CASH VALUE OF ASSETS (E)</b>	\$
<b>TOTAL WEEKLY EXPENSES AND LIABILITIES (B + D)</b>	\$	<b>TOTAL LIABILITIES (TOTAL BALANCE DUE ON DEBTS) (C)</b>	\$

**CERTIFICATION**

I certify that the foregoing statement is true and accurate to the best of my knowledge and belief.

SIGNED (Affiant)	Subscribed and sworn to before me on	DATE	SIGNED (Notary, Comm. of Superior Court, Assistant Clerk)
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